



North Barn Pavilion Rental Application

Contact Information:

(If wedding or wedding reception rental please include both the bride & groom's names)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: 1. _____ 2. _____

All event coordination will be made through the main contact person designated above.

Event Information:

Purpose of North Barn Pavilion Room Rental: _____

Outside grounds to be used? Y N (Description of Use): _____

If outside grounds are used renter shall be responsible for cleanup of grounds and for any damages that may be incurred during rental use

of guests expected: _____ # of Tables: _____ # of Chairs: _____

Event Date: _____ (Maximum Seated Room Occupancy 125 with tables/chairs)

Rental Time From: _____ To: _____ # of Hours: _____

Fee Schedule:

Rental Fees:

All Inclusive:

Wknd/Holidays Large Event (1 Day, 8AM-12AM, includes kitchen, bar, tables, chairs, grounds) = \$2500 per day

Weekend Small Event (1 Day, 8AM-12AM, includes kitchen, bar, Max. 65 people) = \$1900 per day

Al La Carte:

Weekday Event Rate (\$175 per hr, min. 3 hrs) _____ hrs x \$175 = _____

*Weekend Event Rate (\$175 per hr, min. 3 hrs) _____ hrs x \$175 = _____

(*This rate can be applied only when event date is within 6 months of reservation)

Event Set Up/Take Down beyond .5 hr before & .5 hrs after (\$75 per hr) _____ hrs x \$75 = _____

Use of Prep Kitchen (\$100 per event) _____ = _____

Use of Town Rental Chairs _____ chairs x \$3 = _____

Use of Town Rental Tables _____ tables x \$5 = _____

Security fee: \$25/hr. For youth oriented events _____ hours x \$25 = _____

Youth oriented events where majority of event attendants are under age 21 will require on site security fee of \$25/hr

Civic Use Fee: (Determined by Town Manager) + Additional Set Up Fee \$ _____



TOTAL DUE: \$ _____

(Rates effective 10/29/15)



North Barn Pavilion Use Agreement

(Applicant Shall Acknowledge Policies By Initialing Each Below)

Facility Rental: Initials: _____	Facility use includes the banquet room, bar area, public restrooms, and the outdoor patio areas. Prep kitchen use, tables and chairs are available at additional fees. Other space in Main Barn, loft & office space are not to be used during any rental-use of these areas & will forfeit the deposit. (NOTE: Renter must meet for a tour in person with the Reservation Coordinator prior to booking an event). Any table and chairs to be set-up outside must be delivered by renter and are the responsibility of the renter—facility tables and chairs are not to be removed from the North Barn. If outdoor grounds are used as part of rental, the renter is also responsible for cleanup of the outdoor grounds and securing permits/insurance for any tents if necessary. Maximum North Barn Seated Occupancy is 125 in accordance with state fire code.
Hours of Use: Initials: _____	The Renter will have the use of the facility for their reserved time (refer to North Barn Rental Application). These hours include set-up, photography sessions, the event, and clean up. Morning events may begin at 8:00 a.m. Evening events must conclude no later than 11:00 p.m. and conclude clean-up no later than 12:00 a.m. Surcharge of \$75 hr or part hour will be assessed for additional set-up or clean up time. (Use after 11:00 pm. may forfeit the deposit.)
Catering/Food & Beverage: Initials: _____	No food preparation will take place on site—food must be brought ready to serve. If catering is desired, Renter may choose a caterer or chef, at their discretion, proof of catering license will be required. All food product and decorations are to be removed off site following the event.
Alcohol/ Smoking/ Pets: Initials: _____	No alcohol is permitted on site without prior permission and proof of insurance. Alcohol consumption is restricted to the patio areas and interior of the North Barn Pavilion only. Smoking is not permitted in any buildings. Illegal drugs are strictly prohibited. Pets are not to be brought to the facility or grounds. Please advise your guests of our policies. Subject to citation if abused and a shut down of the event.
Decorations: Initials: _____	The specified venue will be available for decorations to be provided by outside vendors or self. All decorations and other preparations must be set up and removed within the time period reserved. No decorations may be affixed to any walls, ceiling, light fixtures or structures without the expressed, specific approval of the Reservation Coordinator/Event Monitor. No lighted candles are allowed in the building unless placed in votive holders with permission.
Music/Entertainment: Initials: _____	Some restrictions are required in the set-up of equipment and sound level. The Town of Granby, through our Event Monitors reserve the right to regulate the level of the music deemed appropriate during your function as well as placement of instruments. If loudness of sound becomes a problem at any time during your event, the Town of Granby representatives reserve the right to end your function. Full charges will still apply. Friday and Saturday events, music must be turned off at 10p.m. Sunday-Thursday events, music must be off by 9:00p.m.
Set-Up/Deliveries: Initials: _____	Due to other functions being held in our facility, we are not able to provide set-up of the room the night prior to your event. Specific approval from Reservation Coordinator is required for access to the facility before your designated time and additional room rental charges will apply if the hours specified in your contract are exceeded before or after your event. Flowers, cakes, decorations, gifts, and clothing may be delivered anytime within the Renters designated time frame. Town of Granby Staff will be present during the setup, event, and breakdown of all functions.
Parking: Initials: _____	Free parking is available in the parking lots of the Holcomb Farm Facility.
Cancellations: Initials: _____	Cancellations must be received 7 days prior to the Renters scheduled event. Any cancellation within 7 days will forfeit the Reservation Deposit as well as 1/2 of the total rental fees scheduled for the event.
Etiquette/ Children/ Liability for Guests: Initials: _____	Individuals making reservations are responsible for any damage to/or items taken from the facility by anyone attending the event. Please watch children as they are not permitted to roam the building unattended. All children 12 and under should remain in the rented area(s) or be supervised by an adult 18 or older. Renter agrees to abide by the determination of Town of Granby staff in their assessment of damages and special clean up caused by the event to Town property. Renter agrees to be responsible for assessed damages and clean up.
Reservation & Security Deposit: Initials: _____	To confirm a date, time, a non-refundable Reservation Deposit of \$500.00 is required with the signed rental agreement. The reservation is not secured until the deposit is paid in full. A separate Security Deposit of \$500.00 is payable three weeks prior to the event by credit card only. The Security Deposit is returned to the Renter if the cleaning/damage checklist is satisfactory to the Room Monitor and/or Town staff and the Renter has stayed within their allotted time frame and has complied with all the conditions of the North Barn Use Agreement. If cleaning, damage or use time exceeds the Security Deposit amount the renter's credit card will be charged for those additional fees.
Billing Information: Initials: _____	Final Payment, proof of liability insurance, Forms B/C (alcohol provider) and desired room arrangement are required fifteen (15) business days prior to your event. If additional charges are incurred during the event, collection of balance will be due the following business day. If payment and required forms are not turned in, deposit may be forfeited. Renter agrees to pay all costs of collections, including reasonable attorney's fees.
Additional Information: Initials: _____	Absolutely no confetti, rose petals, birdseed, rice, or similar decorative items may be used on the property. Failure to adhere to this policy may result in full loss of deposit. Patrons and guests <u>are not allowed</u> to access areas of the facility other than those designated in the rental agreement.
Banquet Room Contact: Initials: _____	For further information contact: Reservation Coordinator at 860-653-8947. Contact information for the Event Monitor will be given upon final payment of fees. The Event Monitor will be responsible for room arrangements, such as temp. controls, gas fireplace, set-up & take down of facility chairs and tables, & serve as the general contact during the event.



North Barn Pavilion Rental Indemnity Agreement

In consideration of the agreement of the Town of Granby, CT to rent space to the undersigned on _____ at the North Barn Pavilion, I/We have read and understand the terms and conditions of the North Barn Rental Agreement Rental Application. I/We agree to abide by these terms and conditions and to obey all applicable federal, state, and local laws. I/We agree to take full responsibility for all claims of costs, losses, or damages that may occur due to the use of the premises, or any damage or injury to property or persons on the premises during my/ our rental of the North Barn Pavilion space, kitchen, public restrooms, lobby area and the outside grounds by our guests and event related staff. Accordingly, I/We agree to indemnify and hold harmless the Town of Granby, CT from all such claims and agree to also defend any such claims, including the payment of all reasonable attorney's fees and costs.

Signature of Renter / Responsible Person(s)

Date

Print Name

Phone

Email

Reservation Fees and Payments (Coordinator will attach all paid receipts to rental agreement)

Total Rental Fees Due \$ _____

Non-Refundable Reservation Deposit (applied to total fees) **\$500.00** Payment Method: _____ **Date Paid:** _____

Balance of Reservation Fees **due 3 weeks prior to event** \$ _____ **Due Date:** _____ **Date Paid:** _____

Room Layout Sketch/Forms B/C: Due Date: _____ Date Received: _____

Refundable Security Deposit for all events **\$500.00** Method: Credit Card **Due Date:** _____ **Date Paid:** _____

Credit Card Billing Information: Name On Card _____

Card Number _____ Expiration Date: _____ CVV: _____

Card Billing Address: _____

The Security/Damage Deposit will be returned to the Renter if the cleaning/damage checklist is satisfactory to the Room Monitor and/or Town staff and the Renter has stayed within their allotted time frame and has complied with all the conditions of the North Barn Use Agreement. If cleaning, damage or use time exceeds the deposit amount the renter's credit card will be charged for those additional fees.

Checklist For Return Of Deposit - to be signed by Event Monitor

Renter has stayed within allotted use time

Kitchen Counters, Appliances & Sink Cleaned

All decorations/personal affects removed

Fridge emptied and wiped out

Renter has complied with all conditions of
the North Barn Pavilion Use Agreement

Are there any damages? Yes No If yes, please specify: _____

Signature of Event Monitor

Date

Print Name



CIRMA

Tenant User Liability Insurance Program

How-To Guide

The Town of Granby and Granby BOE has enrolled in a program which allows you, the “user” of a municipal facility, school, or other local government property, to secure cost effective liability insurance that provides protection for you as well as the governmental entity. The Tenant User Liability Insurance Program (TULIP) is a General Liability Policy written in the name of the tenants and/or users of the local government facility or venue. CIRMA (Connecticut Inter-local Risk Management Association) is a registered user of the TULIP program, the National League of Cities (NLC), and HUB International New England via Entertainment Brokers International.

Granby’s assigned unique Entity ID-Code is **0501-099**

How it works:

1. Log on to www.ebi-ins.com/tulip
2. In the center right of the page click on **Purchase or Quote**
3. Enter the Entity ID-Code listed above OR Type in the name of your town in the search box and click GO. Select your town from the pull-down
4. Click Next and Select the Type of “Event” or: “Activity” from the drop down window, e.g. wedding or festival.
5. Answer the questions that follow such as:
 - Have you held this event before?
 - If yes, were there any losses or claims?
 - Will there be armed private security at this event or activity? (Off duty police not included)
 - Will you require Liquor Liability
 - Number of Attendees
6. There are additional questions if there are going to be vendors at the event.
7. Select the Event date or dates on the calendar by clicking on the day of event (if multiple regularly scheduled dates, select all of these).
8. Click Get quote which will bring you to the next page.
9. If you would now like to proceed and purchase the coverage, please complete the requested *Contact & Credit Card Information*, and coverage is automatically bound.
10. A Certificate of Insurance is issued and sent via email, in your Name or Organization’s Name, with a Certificate automatically sent via email to your local government.

If you experience technical difficulties or have questions about the eligibility or classification of your event, please contact *Entertainment Brokers International* at 1-800-507-8414 (8:30AM – 5:00PM PST).

HUB International New England, LLC



Town of Granby Recreation & Leisure Services

ALCOHOLIC BEVERAGE PERMIT APPLICATION (FORM B)

DATE OF APPLICATION: _____

APPLICANT(S): _____

ORGANIZATION: _____

ADDRESS: _____

PHONE: _____ E-mail: _____

NUMBER OF ATTENDEES: _____ TYPE OF EVENT: _____

Hereby applies to have alcoholic beverages available at an event at _____ (building/park).

on _____ from _____ am/pm to _____ am/pm.
(date) (time) (time)

- ☐ Application for use of the facility has been turned in.
- ☐ I have read the facility use policies regarding the use of alcoholic beverages at Parks & Recreation Rental Facilities and agree to comply.
- ☐ Applicant has provided Town of Granby with Certificate of Insurance for the event if not using a caterer.
- ☐ I have obtained an alcoholic beverage provider who has a State of Connecticut Department of Consumer Protection Liquor Permit with appropriate liability insurance with a minimum coverage of \$1,000,000.00 that names the Town of Granby as an additional insured, is on the town's approved caterer/bar service provider list, and will be the designated server at the event:

Name of Caterer/Bar Service Provider if Applicable (Caterer must complete Form C)

SIGNATURE OF APPLICANT

PRINT NAME

DO NOT WRITE BELOW THIS LINE

Parks & Recreation Director's Signature

Date

___ Approved ___ Denied

Town Manager's Signature

Date

___ Approved ___ Denied

Police Chief's Signature

Date

___ Approved ___ Denied

REMARKS & STIPULATIONS:



**TOWN OF GRANBY
CATERER/ALCOHOLIC BEVERAGE APPLICATION – FORM C**

I am applying to be placed on the Town of Granby's:

☐ Approved Caterers List ☐ Approved Alcoholic Beverage Provider list ☐ Both Lists

DATE OF APPLICATION: _____

CATERER/BEVERAGE PROVIDER: _____

ADDRESS: _____

PHONE #: _____ FAX#: _____ EMAIL: _____

NAME OF GROUP TO BE SERVED _____ EVENT DATE _____

Hereby applies to be added to the Town of Granby Approved Caterers' List

- ☐ I HAVE READ, UNDERSTOOD AND AGREED TO COMPLY WITH ALL OF THE TERMS OF THE TOWN'S BUILDING USE AND KITCHEN USE POLICIES. I UNDERSTAND THAT FAILURE TO MEET THESE OBLIGATIONS COULD LEAD TO THE REMOVAL FROM THE LIST.

- ☐ I HAVE ALL APPROPRIATE LICENSES AND PERMITS TO PROVIDE THESE SERVICES. FOOD SERVICE PROVIDERS MUST HAVE A CATERER'S FOOD SERVICE LICENSE. AN ALCOHOLIC BEVERAGE PROVIDER MUST HAVE A CATERER'S STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION LIQUOR PERMIT.
(copies of documents must be attached)

- ☐ I HAVE AND WILL MAINTAIN THE APPROPRIATE LEVEL OF INSURANCE TO COVER MY SERVICES AT EVENTS THAT I AM CATERING. LIABILITY INSURANCE MUST HAVE MINIMUM COVERAGE OF \$1,000,000.00 THAT NAMES THE TOWN OF GRANBY AS AN ADDITIONAL INSURED. *(Copies of documents must be attached).*

- ☐ I AM LICENSED WITH THE STATE OF CONNECTICUT TO SERVE ALCOHOL AND AGREE TO BE A DESIGNATED SERVER AT EVENTS WHICH I AM CATERING. *(copy of license required if providing this service)*

SIGNATURE OF APPLICANT

PRINT NAME

.....
DO NOT WRITE BELOW THIS LINE

Parks & Recreation Director's Signature Date

☐ Approved ☐ Denied

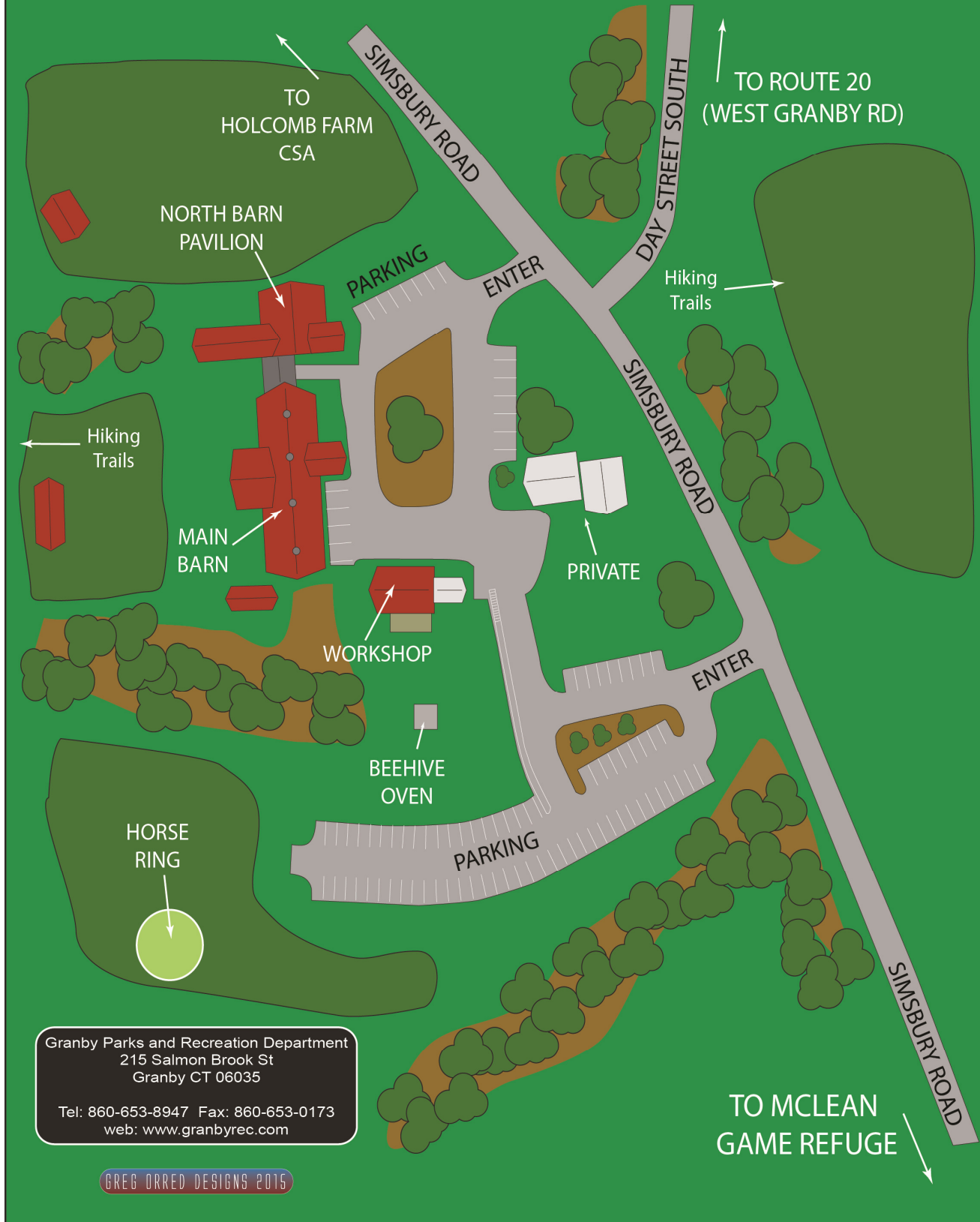
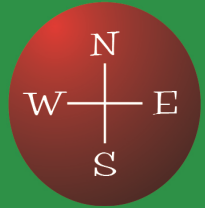
Town Manager's Signature Date

☐ Approved ☐ Denied

REMARKS & STIPULATIONS:

HOLCOMB FARM

113 SIMSBURY ROAD WEST
GRANBY CONNECTICUT



NORTH BARN PAVILION – ROOM LAYOUT
PLEASE SKETCH IN YOUR DESIRED ROOM ARRANGEMENT,
RETURN TO OFFICE NO LATER THAN 3 WEEKS PRIOR TO EVENT

